

Personal Risk Management Questionnaire

FAMILY / CONTACT INFORMATION

Name (Client & Spouse): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Children Names/Dates of Birth:

Still in household?

1. _____ Yes / No

2. _____ Yes / No

3. _____ Yes / No

4. _____ Yes / No

Biggest Concerns/Issues with current program:

- ☐ Liability Limit
- ☐ Possible gaps in coverage
- ☐ Price
- ☐ Collectibles
- ☐ Aircraft
- ☐ Domestic staff
- ☐ Uninsured Motorist/Excess UM Limits Adequate
- ☐ Insurance to value: Not interested in covering for full replacement cost
- ☐ Loss frequency/DNR

- ☐ Simplicity. One carrier
- ☐ One Effective Date/ One Bill
- ☐ Proper Coverage on property
- ☐ Boats / personal watercraft
- ☐ Family Security
- ☐ Claims Handling at Time of Loss
- ☐ Compliance with carriers physical risk requirements: water source, security gland, alarms, etc.

BUSINESS / FINANCIAL INFORMATION

Client Occupation: _____ Spouse Occupation: _____

Household Income: _____ Approximate Net Worth: _____

Commercial Insurance Written: Yes / No
Prospect: Yes / No

Commercial Acct. Name: _____

Producer/ Acct. Rep: _____

Approximate Premium & Lines of Business: _____

Referral Source: _____

LIABILITY EXPOSURES

LIABILITY FROM PROPERTY OWNERSHIP

	Yes	No	
1. Do you purchase Excess Liability today?			Limit: Carrier:
2. Is Excess covering all owned properties?			Underlying Limit:
3. Is Excess covering all automobiles?			Underlying Limit:
4. Is Excess covering all watercraft?			Underlying Limit:
5. Are properties/autos/watercraft owned in another name? (ie. LLC)			Name:
6. Any business income derived from the use of any property/autos/watercraft? (including livestock/farming activities).			Activity: Estimated Revenue:
7. Are any automobiles/watercraft used in racing?			<i>Note circumstances below.</i>
8. Are any of your properties ever used for charitable functions sponsored by a non-profit organization?			Nature of events: Dates: # of times per year: # of attendees:
9. If yes to above question, does the non-profit organization provide liability insurance for the event protecting you as additional insured?			Limit: Carrier:
10. Are there youths in the household that need to be added?			
11. Has proper driver counseling/driving records been given/monitored for youths?			
12. Does the insured own any ATVs, snowmobiles, personal watercraft?			
13. Are you carrying adequate primary UM cover?			
14. If vehicles are insured commercially, are there driver restrictions, what are limits for liability and UM?			
15. Does your policy contain any exclusions/retentions: libel/slander, driver exclusion, retentions?			

Additional Notes to any questions above: _____

FOR-PROFIT AND NON-PROFIT BOARD OF DIRECTORS:

Company	For Profit or Non-Profit?	Committees	Limit of D&O carried by company or org.	Carrier of D&O policy

DOMESTIC STAFF

List all domestic staff: include all in-servants, out-servants, chauffeurs, yacht captains, etc..

Name	Duties/Location	Yrs. Employed	Weekly Hrs worked	Live-in ? YES/NO
1				
2				
3				
4				

Is staff managed by client / family office / other manager? *(circle)*

Have background checks been completed on all staff? Yes / No

Are employment contracts signed for each staff member? Yes / No

Are annual performance appraisals conducted? Yes / No

Do employees use autos/watercraft in the scope of their employment? *(If yes need DOB and license info)* Yes / No

list name & auto/boat: _____

Have any employees been terminated in the last 5 years? Yes / No

list name & reason: _____

Notes on previous questions: _____

Is Workers Compensation Insurance in place for the staff? Yes / No

If Yes – provide the following:

State	Carrier	Eff. Dates	Limits	Annual Premium	Losses? Yes / No

If losses, provide details:

Date	Employee Name	Amt Paid	Circumstance

PRIOR LAWSUIT ACTIVITY

	Yes	No	
1. Has the client ever been involved in legal action with a domestic staff member?			Date: <i>Provide Circumstance below</i>
2. Has the named insured ever been involved in any legal action with others?			Date: <i>Provide Circumstance below</i>
3. Is there any coverage in place to protect the client from legal action from domestic staff? (wrongful termination, sexual harassment, discrimination)?			Carrier: Limit: Effective Date:

Circumstance Details: _____

AIRCRAFT

	Yes	No	
1. Does the insured own an aircraft or helicopter?			<i>Complete Aircraft and Pilot applications</i>
2. Is client participating in a fractional ownership program? (Net Jets or ExecuJets, etc,)			Liability limit of program: Carrier:
3. Would the insured be interested in purchasing Excess Liability protecting his/her interests if the program limits are exhausted?			

PROPERTY EXPOSURES

RISK RETENTION – DEDUCTIBLES

How many dollars of any loss to your homes would you be willing to retain in return for a premium reduction on your policies? (*circle one or more*)

\$1,000	\$2,500	\$5,000
\$10,000	\$25,000	\$50,000
\$100,000	Higher	

PROPERTY VALUATION

	Yes	No	
1. How has replacement cost for your homes been determined?			
2. If via prior carrier inspections do you have a copy of the inspection?			<i>Request Copy</i>
3. Are all out buildings on your properties properly insured for their replacement values?			
4. Have you compiled an inventory of the contents of your homes?			If YES, name of appraisal firm: Date: <i>Request copy of work</i> If NO, How are you estimating Contents of your homes?
5. Would you be interested in a contents valuation?			
6. Condo/Co-op - Is the current Additions and Alterations portion adequate?			If NO, requested amount:
7. Condo/Co-op - Would you be interested in a contents valuation?			
8. Value of landscaping on your property (properties)?			
9. Value of mechanical systems in home? (AC/Heating/Computers/Wine cellar, etc.)			

PROPERTY VALUATION (continued)

	Yes	No
10. Detail occupancy of all owned homes.		
11. What loss control steps have been taken to mitigate severe water damage exposures (do they turn off water, temp alarms, etc.)?		
12. What superior protection credits may apply: generator, lightning protector, backup alarms, etc.?		
13. Any incidental business exposures: farming, client trip and fall, etc.		
14. Do you have significant landscaping exposures?		
15. Does your current program have a wind/hail deductible or a hurricane deductible?		

FLOOD/EXCESS FLOOD/EARTHQUAKE COVERAGE NEEDS

	Yes	No
1. Do you have primary flood insurance on all homes?		If YES, Dwelling Limit: Contents Limit: If NO, Which Properties are not covered?
2. Do you have an Excess Flood Policy/Coverage?		Limit: Carrier: Effective Date:
3. Do you have Earthquake insurance on any homes?		Carrier: Limit: Effective Date:
4. If you do not carry primary flood coverage, what is your dwelling/house base elevation and flood zone?		

OCCUPANCY

Describe occupancy in each home on a year-round basis.

COLLECTIONS

(Information in addition to ACORD Personal Inland Marine Application)

Class	Total Value	Scheduled Amount	Blanket Amount	If Blanket, Per item limit	Current Appraisal? <i>Request Copy</i>	Do you want assistance to get item(s) appraised?
Jewelry						
Furs						
Fine Arts or Antiques Silver						
Guns						
Wine						
Other collectibles Type:						

Jewelry

Is there a safe on premises? Yes / No Weight of safe _____ lbs.

If so, who has access to the combination? _____

Which items are commonly kept in a bank vault? _____

Which items are commonly worn? _____

Which are rarely worn? _____

FINE ART/ANTIQUES (IF EXTENSIVE COLLECTION)

	Yes	No	
1. Do you have someone managing the collection for you? (purchasing, selling, compiling inventory, hanging, lighting, packing, shipping, etc.) ?			Name/Contact information:
2. Would you be interested in Art Collection Management Services?			
3. Do you loan fine art items to museums/exhibitions?			
3a. If yes, are any currently on loan?			Pieces:
			Location:
			Duration:
3b. If yes, does the institution insure the item(s) while in their custody?			Insurance Carrier:
4. Do you collect wine?			If yes, how are the bottles stored?

ADDITIONAL EXPOSURES

COLLECTOR AUTOMOBILE – (Information in addition to ACORD Automobile application)

	Yes	No	
1. Are any of your autos owned primarily for "collector" purposes?			<i>List below</i>
2. Are collector autos exhibited?			Type of venues:
			# of X/Year:
3. Any collector autos being restored off-premises?			If yes, provide details
4. Are you carrying minimum underlyers?			
5. Is your primary coverage adequate for: bodily injury, UM, medical expenses, loss of use etc.?			
6. Do any of your vehicles have values that may differ significantly from market values?			
7. Drivers assigned correctly, is usage correct?			

COLLECTOR AUTOMOBILE (continued)

Year	Make	Model	Miles per yr	Garaging	Value (Hull Valued)

YACHT/WATERCRAFT – INFORMATION IN ADDITION TO YACHT APPLICATION

	Yes	No	
1. Do you have Personal Property / Collections kept on your yacht?			Details:
2. Any personal watercraft? (ie. Jetskis)			Manufacturer: Horsepower: Length
3. Current P&I Limit?			
4. Are there crew/captain for yachts?			
5. Navigational scope coverage limitations?			
6. Catastrophic weather plan?			
7. What's your P&I limit? Is it adequate or are you relying on excess liability for coverage (Jones act discussion)?			
8. Do you have proper coverage for tenders?			
9. Do you have proper navigation limits?			
10. Do you have an acceptable severe windstorm plan?			

KIDNAP & RANSOM

1. Do you currently purchase K & R insurance?	Yes	No	Limit: Carrier
2. Does your employer provide this coverage?			Limit: Carrier

Typical Travel Schedule (one year period):

Country	Trips per year	Entire Family?	Business?	Pleasure?	Hire personal security?